

Division of Health Care Facilities

PRINTED: 05/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8901	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 04/19/2017
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, MC MINNVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant.</p> <p>The findings included the following:</p> <ol style="list-style-type: none"> 1. Observation on 04/19/2017 at 10:32 AM, revealed a 3 hour cross corridor lower latch not latching by nurses station 2. 2. Observation on 04/19/2017 at 10:35 AM, revealed an 1 1/2 hr fire cross corridor door missing the lower latching mount in the floor by room 316. <p>The maintenance director was present for these finding and acknowledged by the administrator during the exit conference on 04/19/2017.</p>	N 831	<p>N831</p> <p>What corrective action(s) will be accomplished for those area(s) found to have been affected by the deficient practice? The Maintenance Director and Assistant installed a Schlage LDR Fire Latch/Strike Kit on the Smoke Doors located by Nurse's Station 2 on 5/5/17. The Maintenance Director and Assistant repaired the lower latching mount in the floor on the cross corridor door by room 316 on 4/21/17.</p> <p>How will you identify other area(s) having the potential to be affected by the same deficient practice and what corrective action will be taken? The Maintenance Director and Assistant checked all cross corridor doors for proper latching on 4/19/17. All other cross corridor doors found to be functioning properly.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The Maintenance Director and Assistant will regularly inspect all cross corridor doors for proper latching during monthly fire drills and repair as needed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? The Maintenance Director and Assistant will conduct a QA Monitor on cross corridor doors monthly for three months or until substantial compliance is achieved. QA Monitor results will be reported to the QA Committee consisting of the Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing. QA Monitor will continue as directed by the QA committee.</p> <p>Completed 5/31/17.</p>	5/31/17	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

H899

VHKY21

Administrator

5/5/17

If continuation sheet 1 of 1